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LAPAROSCOPIC SACROCOLPOPEXY FOR “GAP FAILURE” AFTER PREVIOUS ANTERIOR AND POSTERIOR VAGINAL MESH REPAIR

Hypothesis / aims of study

To report our experience with an innovative surgical approach to treating apical prolapse after previous anterior and posterior vaginal mesh repairs.

Study design, materials and methods

This is a retrospective analysis of five patients from a single urogynecology center undergoing laparoscopic sacrocolpopexy for vaginal vault prolapse after previous anterior and posterior repairs with synthetic mesh. Pre-operative evaluation included post-void residual, POP-Q examination and inspection for mesh exposure. Complex urodynamic studies with prolapse reduction were performed on each patient preoperatively. Patients were evaluated post-operatively at six weeks and six months.

Results

From July 2006 until June 2009, five women referred with apical prolapse after anterior and posterior vaginal mesh repair underwent laparoscopic sacrocolpopexy for vault prolapse. Four of the five patients returned for post-operative evaluation. The mean age of the patients was 62.25 (range 51-74), and the mean BMI was 24.75 (range 21-29.1). Pre-operatively, Point C was +1.375 (range -3 to +4), Point Aa -0.75 (range -2 to -1), Point Ba +2.0 (range +1 to +4), Point Ap -3 (-3), Point Bp -1.25 (-3 to -1). The mean time from vaginal mesh surgery to development of vault prolapse was 5.4 months (range 2-12 months). The mean operating time was 177 min (range 144-218 min) and the mean intra-operative blood loss was 36.25cc (range 20-50cc). No intra-operative complications were noted. All patients were discharged on postoperative day one. Post-operative POP-Q evaluations were performed at six weeks and six months in four patients. The mean post-operative Point C at 6 months was -9.25, Point Aa -2.4 (range -3 to -1.5), Point Ba -2.4 (-3 to -1.5), Point Ap -2.8 (-3 to -2), Point Bp -2.4 (-3 to -1.5), and TVL 9.4 (range 8 to 10.5). No cases of mesh exposure were noted in any patients. A biologic graft was used at the vaginal apex prior to attaching the mesh graft in one patient. All patients were symptomatically improved after laparoscopic surgery and no complaints of pelvic pain or dyspareunia were reported.

Interpretation of results

Laparoscopic sacrocolpopexy appears to be an appropriate procedure for treating patients who develop apical prolapse after combined anterior and posterior vaginal mesh repairs.

Concluding message

Laparoscopic abdominal sacrocolpopexy is a safe procedure with excellent results for patients experiencing vault prolapse with previous vaginal mesh procedures for pelvic organ prolapse.

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
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Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No